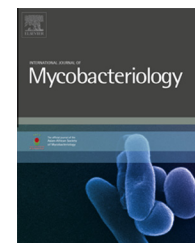


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Sequelae of extrapulmonary tuberculosis after treatment: Addressing patient needs

Bushra Jamil ^{a,*}, Sadia Shakoor ^b, Rumina Hasan ^b

^a Department of Medicine, Aga Khan University, Karachi, Pakistan

^b Department of Pathology & Laboratory Medicine, Aga Khan University, Karachi, Pakistan

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ABSTRACT

Aims and objectives: Extrapulmonary disease accounts for a significant proportion of all cases of tuberculosis (TB) in endemic areas. With increasing prevalence of human immunodeficiency virus (HIV), the case numbers are rising; extrapulmonary involvement can be seen in >50% of patients with concurrent AIDS and TB. In both HIV-positive and HIV-negative cases, due to diagnostic difficulties, extrapulmonary disease is often recognized late and, hence, although completely curable in many cases, as far as bacterial eradication is concerned, is not without consequence.

Methods: Sequelae of extrapulmonary TB were explored through literature review. Additionally, case files of patients presenting to the TB clinics in a tertiary care hospital in Karachi, Pakistan were examined for sequelae during variable periods of follow up.

Results: The sequelae of TB can be divided into:

- those of ongoing inflammation, for example, vasculitis in central nervous system infection leading to neurologic deficit, or amyloidosis with renal failure in longstanding, inappropriately managed cases, or where the diagnosis is missed;
- healing with fibrosis, for example, intestinal obstruction, pericardial constriction, infertility;
- loss of function secondary to bone and joint deformity, for example, gibbus formation and paraplegia in spinal TB.

Conclusion: Early reliable diagnosis and anti-TB treatment, often with steroids, is essential for control of disease and prevention of complications. Patients need to be monitored clinically and supported psychologically, logistically, and socially to return to lead productive lives after extrapulmonary TB infections.

Conflicts of interest

None.

* Corresponding author.

E-mail address: bushra.jamil@aku.edu (B. Jamil).

¹ Presenting author.

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